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LACK OF SEX-BASED DIFFERENCES IN OUTCOMES IN PATIENTS WITH TYPE 2 DIABETES AND CORONARY ARTERY DISEASE TREATED WITH CONTEMPORARY MEDICAL THERAPY WITH OR WITHOUT PROMPT REVASCULARIZATION: A REPORT FROM BARI 2D

ACC Poster Contributions
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Session Title: Stable Ischemic Syndrome--Revascularization in Special Populations
Abstract Category: Stable Ischemic Syndrome
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Background: Women (W) and men (M) with CAD have different clinical presentations and outcomes that may be due to differences in management.

Methods: We compared baseline variables and outcomes between W and M with Type 2 DM and CAD enrolled in BARI 2D and randomized to aggressive medical therapy alone or in combination with prompt revascularization (revasc).

Results: At enrollment, W had a longer duration of DM (12.2 ± 9.6 vs. 9.7 ± 8.1 yrs, p<0.001), were more likely to have hypertension (87% vs. 81%, p=0.0002), and less likely to have smoked (48% vs. 75%, p<0.001) and to have had a prior MI (28% vs. 34%, p=0.006) compared to M. W were more likely than M to have angina or anginal equivalents (87% vs. 80%, p<0.001) despite less disease on angiography: (myocardial jeopardy index 41 ± 24 vs 46 ± 24, p<0.001; # of significant lesions 2.3 ± 1.7 vs 2.8 ± 1.8, p<0.001). Physicians preselected PCI (vs CABG) more often in W than M (74% vs. 65%, p<0.001). After adjustment for baseline variables, preference for PCI vs CABG was similar by sex (OR 1.2 95% CI 0.94-1.56). Table 1 depicts the Kaplan-Meier event rates. After adjustment for differences at baseline, the hazard ratio for death/MI/CVA for W vs M was 1.15, 95% CI 0.93-1.42.

Conclusions: Compared with M, W had more symptoms and less anatomic disease at baseline, with persistence of angina and CHF following 5 yrs of medical therapy with or without prompt revasc. However, despite a longer duration of DM, there were no sex differences in death, MI or CVA following aggressive treatment of CAD and DM.

Five Year Kaplan-Meier Event Rates in Women and Men

Clinical Event	Women n=702	Men n=1666	p-value
Survival	89%	88%	0.5
Death/MI/CVA	26%	22%	0.1
Subsequent Revascularization	35%	32%	0.2
CHF	22%	17%	0.003
Angina or Angina Equivalent Prevalence at 5th Annual Visit	41%	29%	<0.001